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Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

2020 JAN 27 PM 2: 50

# UNITED STATES DISTRICT COURT

for the

District of Massachusetts

U.S. DISTRICT COURT  
DISTRICT OF MASS.

EASTERN Division

Diane Marie Reynolds

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jason Angelloti

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Diane Marie Reynolds		
Address	129 Prospect Hill St.		
	Raynham	MA	02767
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	Bristol		
Telephone Number	774-766-7350		
E-Mail Address	smores74@hotmail.com		

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name	Jason Angelloti		
Job or Title (if known)	Disclosure Manager, Disclosure Office 2		
Address	Stop 4030, 7850 SW 6th Ct.		
	Plantation	FL	33324
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County			
Telephone Number			
E-Mail Address (if known)			
<input checked="" type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

**Defendant No. 2**

Name			
Job or Title (if known)			
Address			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County			
Telephone Number			
E-Mail Address (if known)			
<input type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

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## Defendant No. 3

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐

Individual capacity

☐

Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐

Individual capacity

☐

Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):


☒Federal officials (a *Bivens* claim)☐

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

The Constitution of the United States of America

The Bill of Rights, Amendment 1, petition the Government for a redress of grievances. Amendment 5, nor be deprived of life, liberty, or property without due process of law, Amendment 14, nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws. See attached for additional information. 

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Violation under 5 U.S.C. 552a, being denied access to the law. See attachment for additional information.

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### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?  
Internal Revenue Service, Disclosure Office, Stop 4030, 7850 SW 6th Ct., Plantation, FL 33324, office of Jason Angelotti.
- 

- B. What date and approximate time did the events giving rise to your claim(s) occur?  
July 25, 2018, October 10, 2018, November 26, 2018
- 

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was denied and deprived of my rights to correct or be provided with an explanation regarding personal errors contained in the records the IRS is maintaining on me.

I was denied and deprived my right to appeal the denial to amend/answer by Jason Angelotti. See attached for further information.

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#### **IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Constitutional injuries, I have been injured, wronged, harmed and damaged.

Jason Angelotti is denying me my protected rights to request amendment of certain erroneous personal information by denying me access to the law, denying my right to appeal his adverse determination of my request to amend; to provide me with answers to my lawful questions or to provide the name and address of the person that can answer my lawful questions, and to protect me from Identity Theft of my name and SSN as evidenced in the records the IRS is maintaining on me. Erroneous information has caused me harm, injury and damage.

This has caused me to neglect my family because so much of my time and energy goes into trying to protect my life, liberty and property. Identity Theft is a serious crime. I have been injured, wronged, harmed and damaged. Because of all this I have been under great stress and anxiety. I have been injured. This has become a great hardship to me. I need finality and closure on this matter.

I believe I need medical treatment for the stress and anxiety.

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#### **V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

The relief I am seeking from this court is to protect my essential rights to redress of grievances, due process of law and equal protection of the laws to stop further injury, wrong, harm and damage to my constitutional rights and to my reputation, dignity, and property.

An immediate injunction barring the IRS from overriding the permanent invalid SSN freeze placed on the IMF account regarding me due to failure of the Mandatory Standard Validation Check for my name control/SSN, unless and until "verified" proof can be provided of the passing of the Mandatory Standard Validation Check for my name control/SSN and entering false/erroneous business codes regarding me. See attached for further information.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 5/14/2019

Signature of Plaintiff

Printed Name of Plaintiff

BY: Diane Marie Reynolds, SUI JURIS, IN PROPRIA PERSONA  
Diane Marie Reynolds  
BY: SPECIAL APPEARANCE

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address



CERTIFIED MAIL: 7015 0040 0000 7112 9383  
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-v-

Jason Angelloti

Jury Trial: (check one) ☒ Yes ☐ No

Defendant(s)

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Except as noted in this form, plaintiff need not send exhibit other materials to the Clerk's Office with this complaint.

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DEAR CLERK:

THE ORIGINAL OF THIS  
COMPLAINT HAS BEEN ENTERED  
INTO MISC FILE: 07-MC-10134-  
WGY

THIS IS A REDACTED COPY TO  
OPEN A CASE. ENCLOSED IS THE  
\$450 FILING FEE.

IF YOU HAVE ANY QUESTIONS, PLEASE  
CONTACT ME @ 774-766-7350

THANK YOU,

DIANE REYNOLDS